Nightingale's Care (Gloucester) Limited

Nightingales Home Care

Inspection report

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16 January 2019
17 January 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was completed on 15, 16 and 17 January 2019 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

Nightingales Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using Nightingales receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 45 people receiving the regulated activity of 'personal care' at the time of the inspection.

There was no registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was in the process of recruiting a new manager who would register with the Care Quality Commission. A representative of the provider was acting as manager at the time of the inspection.

The previous inspection was completed in October 2017 and the service was rated 'Requires Improvement' overall. At that inspection we found one breach of the regulations. The records relating to the management of medicines were not always complete, and quality assurance systems at the service were not always effective in identifying shortfalls in the service.

At this inspection, we found improvements had been made and the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. The staff we spoke with had a good understanding of people's needs and the risks associated with their care. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the management. Quality assurance checks were in place and identified actions to improve the service. The service sought feedback from people and their relatives to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff to keep people safe.

Improvements had been made to the management of medicines. Where people were supported with medicine, their medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The management team and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support. Staff had information that enabled them to provide support in line with people's wishes.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Improvements had been made to the quality assurance systems used at the service. The provider had reviewed existing systems and made improvements. In addition, a number of new quality assurance audits had been developed to further improve the service.

Staff felt supported and were clear on the visions and values of the service.

There were positive comments from people, relatives and staff regarding the management team.

Nightingales Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 15, 16 and 17 January 2019 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by an adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using services.

We spoke with the provider of the service and five members of care staff. We spoke with 12 people who used the service. We also spoke with five relatives of people using the service and one health and social care professional who has regular contact with the provider.

Good

Is the service safe?

Our findings

At our last inspection in October 2017, we found we found staff had not always signed the medicine administration record (MAR) when they were administering medicines to people. As a result, there was a risk of staff being unable to promptly identify any concerns relating to a person declining their medicines and reporting them promptly to the relevant health professional. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this comprehensive inspection, we found improvements had been made to the management and administration of medicines. There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and accurately completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people, they had signed to record the medicines had been given. Staff had their competence reviewed annually to check they were still managing medicines safely. People we spoke with told us they received appropriate support with their medicines. One person said, "They help me with my medicines and help me to take them at the correct times." The quality assurance manager in the service told us the processes relating to the recording of medicines had been reviewed following the last inspection and changes were discussed with staff during team meetings to ensure records were maintained accurately. The staff we spoke with had a good knowledge of the medicine management processes in the service.

People and their relatives told us they felt safe. One person said, "The carers take good care of me and I am safe." Another person said, "The carers help to keep me safe." One relative said, "I am confident my mum is safe. The carers are very helpful."

People were protected from the risk of abuse and harm. Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Agencies staff notified when they suspected an incident or event that may constitute abuse; included the local authority, CQC and the police.

Risks to people were identified and managed. People had risk assessments in place which gave staff information on managing any identified risks such as falls, pressure ulcers, risks associated with supporting people with hoisting and risks from people's home environment. The staff we spoke with could describe the risks associated with the care of the people they supported. Staff could describe how they would support people to manage and minimise these risks. For example, where a person was at risk of developing pressure ulcers, staff could describe how they would support this person to minimise the risk.

A record was kept of when safety checks had been carried out on equipment such as hoists and wheelchairs.

Where applicable, plans were in place in the event of staff being unable to gain entry to people's homes.

Plans were in place to deal with any emergency that may affect the delivery of the service. This included arrangements for prioritising the delivery of care to people during an episode of severe weather. The planning ensured people with the highest needs would be prioritised for visits whereas those with the lowest level of need and with appropriate support available would be able to rely on temporary support from relatives or neighbours.

Suitable staffing levels were in place to meet the needs of people using the service. Staff were organised to provide visits to people in one geographical area to minimise any delays with visit times. People told us they felt assured that they would receive their care. One person told us "The staff are regular and if they are running late I will normally get a call to explain this."

The service had implemented safe recruitment practices. We looked at the recruitment records of five staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were protected by the prevention and control of infection. Staff had received training in food hygiene and infection control. Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

A system was in place to investigate and learn from accidents, incidents and 'near misses'. A record of the actions taken to respond to an accident had been made and the attempts to resolve the issue. Where required, other health professionals had been involved in care reviews following incidents to ensure the care package was still meeting the needs of the person.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. Staff received a mixture of face to face training and online e-learning. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence that where there were staff training was due, they had been booked to attend the next available course. The provider told us new staff would be required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively.

The provider told us staff received an induction when they first started working for the service. The provider told us staff would be required to read the relevant policies and procedures before they worked any shifts. The provider told us new staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The provider told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence meetings had taken place with their representatives to determine a care plan that was in the person's best interests. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with told us that they were consulted in relation to the care planning of people using the service.

People's care plans described their support needs in relation to their diet including likes, dislikes, allergies,

intolerances and any nutritional needs. For example, people's care plans recorded what their preferences were for each meal during the day.

People were supported to maintain their health through liaison with health care professionals such as GPs and district nurses and occasional support to attend health care appointments. When staff noticed changes to their physical or mental health they contacted their family or in some cases health care professionals with the person's permission. For example, one person's moving and handling needs had changed. The service had worked closely with an Occupational Therapist to develop the person's care plan and risk assessments. Consent had been sought to contact relevant professionals where required. If emergency services were needed they were alerted and staff would remain with people until they had arrived.

Good

Is the service caring?

Our findings

People received a service which was caring. The people we spoke with provided positive feedback about the caring nature of the staff. One person said, "The carers are lovely." Another person said, "They are very friendly and take very good care of me." Relatives we spoke with also provided positive feedback about the staff. One relative said "They are all kind and caring and keep us up to date with what is happening."

Reviews of people's care were carried out through consultation with them and their relatives. Review forms recorded people's comments and responses. The service had access to information about advocacy services and would sign post people to this if required. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCA's).

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care. For example, they would close curtains and doors when providing care. This approach was reflected in people's care plans which also included actions to provide emotional support.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people and wanted to support people to remain living at home for as long as possible. Care files identified any areas of independence and encouraged staff to promote this. All the staff we spoke with could tell us how they would support people but support them to maintain their independence as much as possible. The people we spoke with confirmed that care staff promoted their independence. One person said, "I tell them (care staff) what I want to do and they respect my wishes."

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved one's care.

Equality and diversity was promoted at all levels throughout the service. Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Good

Is the service responsive?

Our findings

People received care that was person centred and tailored to their individual needs. Each person had a care plan and a structure to record and review information. Care records were held at the agency office with a copy available in people's homes. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, where people were supported with their catheter, the care plan contained good guidelines on how to support with this. Their care plan also contained contact details for the relevant health professional should there be any difficulties with the management of the catheter.

People's communication needs were identified and recorded in their care plans. Spot checks included how staff communicated with people using the service. Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by office staff to remain longer with people to ensure they were not left alone in the case of an emergency.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The providers demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. All the people we spoke with told us they did not have any concerns but knew how to make a complaint. People told us they had confidence in the service that all complaints would be taken seriously.

All the staff had received training around end of life care. The training records we looked at confirmed this. One person using the service was receiving end of life care at the time of the inspection. Their end of life care plan had taken into consideration their preferences and individual needs in relation to their end of life care.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017, we found we found that the quality assurance systems being used in the service were not always effective in identifying and addressing shortfalls in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this comprehensive inspection, we found improvements had been made in this area. The service had reviewed their existing quality assurance systems to ensure they were effective and had introduced further audits to ensure the service provided to people was effective. For example, the service had introduced a care plan audit which was completed every month to ensure people's care plans contained the relevant information. We found audits had been effective in identifying and addressing shortfalls. For example, the medicines audit had identified that some staff were not always signing the MAR chart. This had been raised with the staff and addressed through staff supervision and the service's disciplinary procedures.

In addition to regular audits of the service, the feedback of people using the service and staff was also sought through an annual survey. We saw a sample of responses and these were positive. The provider told us that they would carry out regular spot checks of staff to ensure they were providing high quality care to people. The provider told us they would use this as an opportunity to talk to people to obtain their experience of the survey. They told us they would also review the documentation held at people's homes to ensure it was accurate and correctly reflected their needs and preferences.

There was no registered manager in post at Nightingales Home Care. The service was in the process of recruiting a new manager who would register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A representative of the provider was acting as manager until a new manager was recruited.

People, relatives and staff spoke positively about the management of the service and told us the service had good leadership. Our discussions with staff indicated there was a positive culture within the organisation. Their comments included, "The management team is committed and enthusiastic. There is an open-door policy and they are always willing to discuss any issues." Another said, "We all work as a team and management are very good with staff."

The provider told us the service was always looking at ways of improving the service. For example, following feedback from people using the service, an activity box had been introduced so staff could take out various activities to complete with people in their own homes. Following feedback from staff, the service had re-designed the layout of the office to make it more accessible for visitors. The service had also introduced a 'carer of the month' scheme to recognise good staff practice. The winning member of staff would be rewarded with a gift voucher. Staff told us this was appreciated among the staff group as it recognised the efforts of staff. Staff told us this had resulted in the good morale of the staff team.

The provider also worked in partnership with other organisations. For example, the provider worked closely with local GPs to offer their support to minimise hospital admissions over busy times such as Christmas and the winter season.

The provider knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service could learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.